

## APPLICATION FOR EMPLOYMENT

## EQUAL EMPLOYMENT OPPORTUNITY

The Salisbury Bank and Trust Company ("the Bank") is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Bank considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

Please print, complete, sign, and mail or fax this employment application to:

**Salisbury Bank and Trust Company**  
Human Resources Department  
PO Box 1868  
Lakeville, CT 06039-1868  
Fax: 860.435.5106

## GENERAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work

Social Security # \_\_\_\_\_

Number of years/months you have resided at above address: \_\_\_\_\_

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? Yes \_\_\_\_ No \_\_\_\_

If employment is offered, can you produce documentation required by law to establish work authorization and identity? Yes \_\_\_\_ No \_\_\_\_



## EDUCATION

Name and Address of School	Course of Study	Years Completed	Diploma/Degree
_____	_____	9 10 11 12	_____
High School/Prep			
_____	_____	1 2 3 4	_____
College			
_____	_____	1 2 3 4	_____
Graduate			
_____	_____		_____
Professional/ Trade/Business			
U.S. Military or Naval Services _____	Rank _____	Present Membership in National Guard or Reserves _____	

List any scholastic honors earned in high school, college or graduate school.

\_\_\_\_\_

\_\_\_\_\_

If you did not graduate, explain your reasons for leaving.

\_\_\_\_\_

\_\_\_\_\_

Are you planning to pursue further studies? Yes \_\_\_\_ No \_\_\_\_

If yes, where and what courses?

\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States Military or Naval Service.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any self-employment, summer and part-time jobs, job-related military service assignments and volunteer activities. If you need additional space, please continue on back.

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments

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Supervisor (Name and Title)

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Reason for leaving

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Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments

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Supervisor (Name and Title)

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Reason for leaving

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Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments

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Supervisor (Name and Title)

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Reason for leaving

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## EMPLOYMENT EXPERIENCE

Have you ever been dismissed, involuntarily terminated or forced to resign from employment? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

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Describe any specialized training, apprenticeship, computer skills and extra-curricular activities.

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State any additional information you feel may be helpful to us in considering your application.

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## REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

	NAME	ADDRESS	HOME PHONE	BUSINESS PHONE
1.	_____	_____	(____) _____	(____) _____
2.	_____	_____	(____) _____	(____) _____
3.	_____	_____	(____) _____	(____) _____

## AT-WILL EMPLOYMENT DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge.

I understand that false or misleading information given in my application, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission of falsehood is discovered.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Bank.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Bank.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence work.

I understand that if I am hired by the Bank, my employment can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either the Bank or myself. I further understood that this "at will" employment relationship may not be changed except by a formal written agreement signed by me and the President.

In the event of my employment by the Bank, I agree to conform to the policies and procedures of the Bank, as they may from time to time be implemented or revised.

I have read, understood and agree to the foregoing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## CRIMINAL BACKGROUND

NOTE: THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT (OR THE PERSON(S) IN CHARGE OF EMPLOYMENT) AND ANYONE INVOLVED IN INTERVIEWING THE APPLICANT

Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

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Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been "erased." The types of records subject to erasure under Connecticut law are as follows:

(a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled" (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon.

Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTIFICATION AND AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize Strategic Information Resources or their agents to investigate my background. It is understood and agreed that under the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, that I have been informed that this background check will consist of investigative consumer reports which may include information about my character, work habits, credit background, academic-credential verification, job experience and reasons for termination. Also, it may include information about my workers' compensation claim history, driving record or abstract, personal characteristics, general reputation and mode of living. American Driving Records will supply our Louisiana driving records. I also understand and authorize that a criminal background check may be conducted.

I authorize and release from all liability, without reservation, the consumer reporting agency (CRA) and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, insurance company or person gathering or providing information.

Prior to an adverse employment decision being made, due totally or partially to information obtained from a consumer credit background report, Salisbury Bank And Trust Company will provide me with a copy of the report, a summary of my rights under the Fair Credit Reporting Act as amended by the Consumer Credit Reporting Reform Act of 1996, and the source of the report so that I may contact them, if I wish to do so.

My signature below certifies that this authorization and the accompanying application and other documents were completed by myself and are complete and true to the best of my knowledge.

Copies and facsimile copies of this document may be accepted in lieu of the original.

Applicant Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Please list any aliases here. \_\_\_\_\_

*(Aliases may include abbreviate names, maiden names, and former legal names)*